

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

GNAL SPLICE VARIANT AND USES THEREOF

the specification of which:

is attached hereto.

OR

was filed on _____ with Express Mail No. _____ (Application Number not yet known).

OR

was filed on 11 November 2004 as United States Application Number or
PCT International Application Number PCT/GB2004/004749 and was amended on
_____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

U.S. Serial No.	Filing Date	Status
60/519 190	11 November 2003	Expired
60/607 010	3 September 2004	Expired

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Serial No.	Filing Date	Status

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Country	Application No.	Filing Date	Priority Claimed
			<input type="checkbox"/> Yes <input type="checkbox"/> No
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I hereby appoint all registered practitioners associated with **Customer Number 22466** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to:

Customer Number 22466

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: James Robert BOSTWICK

Inventor's Signature:

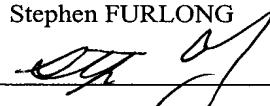
Date: June 20, 2006

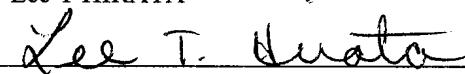
Residence Address: West Chester, Pennsylvania, USA

Citizenship: USA

Post Office Address: AstraZeneca Pharmaceuticals, 1800 Concord Pike, Wilmington, Delaware 19850-5437,
USA

Full Name of Inventor: Thomas DEFAY
Inventor's Signature: 
Residence Address: West Chester, Pennsylvania, USA
Citizenship: USA
Post Office Address: AstraZeneca Pharmaceuticals, 1800 Concord Pike, Wilmington, Delaware 19850-5437,
USA

Full Name of Inventor: Stephen FURLONG
Inventor's Signature: 
Residence Address: Wilmington, Delaware, USA
Citizenship: USA
Post Office Address: AstraZeneca Pharmaceuticals, 1800 Concord Pike, Wilmington, Delaware 19850-5437,
USA

Full Name of Inventor: Lee T HIRATA
Inventor's Signature: 
Residence Address: New Castle, Delaware, USA
Citizenship: USA
Post Office Address: AstraZeneca Pharmaceuticals, 1800 Concord Pike, Wilmington, Delaware 19850-5437,
USA

Full Name of Inventor: Vipa RAVYN
Inventor's Signature: _____
Residence Address: Wilmington, Delaware, USA
Citizenship: USA
Post Office Address: 61 West Salisbury Drive, Wilmington, Delaware 19809, USA

Full Name of Inventor: Alan ROBBINS
Inventor's Signature: *Alan Robbins* Date: 6/15/2006
Residence Address: Wilmington, Delaware, USA
Citizenship: USA
Post Office Address: AstraZeneca Pharmaceuticals, 1800 Concord Pike, Wilmington, Delaware 19850-5437,
USA

Full Name of Inventor: John CORRADI
Inventor's Signature: _____ Date: _____
Residence Address: Cheshire, Connecticut, USA
Citizenship: USA
Post Office Address: Bristol-Myers Squibb Company, 5 Research Parkway, Wallingford, Connecticut 06492,
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Full Name of Inventor: James Robert BOSTWICK

Inventor's Signature: _____ Date: _____

Residence Address: West Chester, Pennsylvania, USA

Citizenship: USA

Post Office Address: AstraZeneca Pharmaceuticals, 1800 Concord Pike, Wilmington, Delaware 19850-5437,
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Inventor's Signature: _____ Date: _____
Residence Address: West Chester, Pennsylvania, USA
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Residence Address: New Castle, Delaware, USA
Citizenship: USA
Post Office Address: AstraZeneca Pharmaceuticals, 1800 Concord Pike, Wilmington, Delaware 19850-5437,
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Full Name of Inventor: Vipa RAVYN
Inventor's Signature: _____ Date: _____
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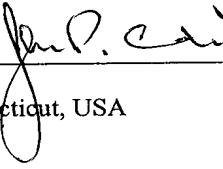
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Full Name of Inventor: John CORRADI

Inventor's Signature:  Date: 7/15/06

Residence Address: Cheshire, Connecticut, USA

Citizenship: USA

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Full Name of Inventor: Vipa RAVYN
Inventor's Signature: Vipa Ravy - . Date: June 10, 2006
Residence Address: Wilmington, Delaware, USA
Citizenship: USA
Post Office Address: 61 West Salisbury Drive, Wilmington, Delaware 19809, USA

Full Name of Inventor: Alan ROBBINS

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